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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

S.L.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 06/19/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>S.L.</i>				

## ADDRESS

08933

## TITLE

Sensory integration therapy aid and method

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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